

ISSUE SHEET/STAPLE ARE A FOR additional cross references

JCS/579

5973 ILS PTO

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION		10	7/17
O.I.P.E. CLASSIFIER		579	11/28/01
FORMALITY REVIEW	MD	1024	01-17-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ Through numeral:
☐ Canceled
☐ Restricted

N
 I
 A
 O

Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
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20		70		120	
21		71		121	
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23		73		123	
24		74		124	
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31		81		131	
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34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
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